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CLINICAL NOTES

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OF THE EYE.

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CLINICAL NOTES OF CASES OF NEURAL-
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By GEO. T. STEVENS, M.D.,

ALBANY, N. Y.

It is my purpose to present a few typical cases of neuralgia as associated with troubles of accommodation of the eye, from a clinical point of view. I may premise that the cases included in this report are all those of habitual neuralgia, which had, at the time of examination, been of very considerable duration—generally many years—the paroxysms occurring from three or four times a year to once in a week or two. They were all cases of well-marked neuralgic character, and have been distinguished by the sudden accession of the paroxysms, the intensity of the pain, and its localization with respect to the distribution of particular nerves.

Neither of the cases reported has been of slight importance, but in every instance the patient has been

unfitted for the ordinary duties of life, and usually forced to take to his or her bed during the continuance of the paroxysms.

In some of the cases, while there is evidence of a family tendency to neurotic troubles, no opportunity has been afforded for extending the observations much beyond the individual cases reported. In the others of the series the family tendency is well-marked, and treatment has been extended to a sufficient number to render it highly probable that in these families the neurotic tendency depends upon the form of the eye.

Delia H., aged about 21, consulted me February 11, 1876, on account of an attack of trifacial neuralgia of great intensity, and which at the time of her application to me had continued, with only slight remissions, for three months. She declared that she did not believe that she had been free from pain while awake during that time, and she had been able to obtain but little sleep. By the advice of friends she had concluded to submit to the extraction of her teeth, although they were all sound, in the hope of obtaining relief; but a more conservative friend induced her to consult me before the sacrifice was made. She informed me that she had been a sufferer from neuralgia as long as she could remember anything; that at times she would scarcely more than recover from one attack before another would supervene. The pain was usually in the region supplied by the trifacial nerve, sometimes on one side and sometimes on the other,

but usually confined to the right side. The skin was extremely sensitive, and even the pressure of a comb in her hair was at times intolerable.

She informed me that her mother, like herself, had been for many years a sufferer from intense neuralgia.

She had never until quite recently experienced any trouble with her eyes, but now found that she could not see well at evening. She had never had pain in the eyes.

I found that she could only read Snellen 200 at 20 feet with either eye without the assistance of a glass, but that with cylinder + 15 axis vertical she could read Snellen 100 at same distance. In other words, sight was increased two-fold. She was supplied with cylindrical glasses as indicated, which she wore and soon began to improve.

February 14, 1877, one year after the first interview, she called upon me to report her condition. She had rapidly recovered from the attack above described, and had not during the year suffered another. She had never known a similar freedom from attacks since her earliest recollections, and did not believe that since childhood she had before known a period of two months to pass without a severe attack. Her general health has also greatly improved since she has worn her glasses.

Mrs. B., aged 40, consulted me in September, 1876, on account of a suppurative inflammation of the lachrymal sac. While affording such surgical relief as the case demanded, I learned the following history :

For twelve years she had suffered greatly from headaches, which were for the most part located through the temples. These occurred every two or three weeks, and sometimes more frequently, each attack lasting from one to four days, during which she was invariably forced to spend the most of her time in bed. The frequency and severity of the attacks steadily increased, until three years ago they assumed a decidedly neuralgic character. The pains were at times in the course of the distribution of the trigeminus, and at other times in the arm, extending from the shoulder down the outer and posterior portion to the elbow. Some of the most severe paroxysms occurred under the lower point of the right shoulder-blade—a point which at the time of examination was extremely sensitive. So severe and continuous were these pains that during the winter next preceding her visits to me, and the one previous to that, she had been constantly under the immediate care of her family physician. Although less a martyr to her neuralgia in summer than in winter, she was rarely free from it.

Her daughter, aged 14, has been a victim of severe and habitual headaches, especially severe after work at school. Confusion of sight and intense pain through the head have been the ordinary result of reading even for a few minutes.

I found Mrs. B. to have an astigmatism corrected by a + 42 cylinder, which she procured and wore. The relief to her head was almost immediate, and the pains in the shoulders, back of neck, and under

shoulder-blades quickly disappeared. She has now used her glasses eleven months, during which time she has not suffered from her old complaint, has been entirely free from neuralgia, except a few days of intercostal pain, summer and winter. If her glasses are laid aside for two or three hours during the day she experiences some headache, which, however, vanishes when the glasses are restored to duty. The daughter above mentioned has also found relief from her headaches by the use of correcting glasses.

The following history well illustrates the influence of the ciliary nerves in a case of acute neuralgia.

James McE., aged 28, consulted me April 26, 1877, while suffering from intense supra-orbital neuralgia. The eyelids somewhat red and swollen, the tears streaming down his face, and the fiery mark of a large mustard-plaster on the forehead above the eye, all served to make up a picture of suffering rarely to be met with. He informed me that nine years previously he had suffered the amputation of an arm, the result of an injury, and that during his recovery from the amputation he became greatly exhausted. While in this exhausted condition he suffered his first attack of neuralgia. Since then he has had two or more such attacks annually, each lasting from four to six weeks, except in a single instance, in which the attack yielded in two weeks.

The pain occupies the region of distribution of the supra-orbital nerve. It leaves him if he can get asleep, but returns the moment he awakes. During

the period of the attack he is absolutely unfitted for work, and is generally confined to his bed day and night until it passes over. Has submitted to a variety of treatments, but has experienced little relief from any.

He has strabismus, the right eye having a decided cast. Sight of that eye, $\frac{6}{20}$. Sight of left, $\frac{20}{30}$. In left eye there is a manifest hypermetropia of $\frac{1}{36}$. [I afterwards found total hypermetropia $\frac{1}{14}$.]

My first impulse was to inject morphia beneath the skin of the painful part; my second, to relieve the ciliary muscle of its tension. I accordingly dropped a few drops of solution of atropia into the left eye, and directed him to call again in two hours. He did so; the pain had entirely subsided, and did not return. Nearly two months later, however, he presented himself with a new attack. The first application of the atropia only partially relieved him, but the pain yielded to a second application made the following morning.

Mrs. M. H., aged 44, was for ten years a sufferer from neuralgia, with extreme nervous irritability and mental depression. The neuralgic pains, which were for the most part located in the vicinity of the seventh cervical vertebra, extending upward towards the hair, and at times towards and into the shoulders or down the back, were of a burning, continuous, and extremely violent character. Accompanying these pains was an habitual cutaneous anæsthesia of the hands and arms.

Under the influence of continuous pain her general health failed, and she became a confirmed invalid. Counter-irritation by means of fly-blisters, mustard-paste, plasters of various kinds, and stimulating embrocations, were freely resorted to, tonic and narcotic remedies were persistently used, and the galvanic battery was employed for a considerable length of time. With these, the benefits of travel, of diversion of mind, and such other appropriate regimen as her physicians suggested, were faithfully tried. None of these remedies were productive of more than very slight temporary relief.

I saw her in November, 1876, and found hypermetropia $\frac{1}{24}$, for which glasses were prescribed.

About six weeks later she wrote me an enthusiastic letter describing the great improvement in her health, which she ascribed to the use of her glasses, and expressing her surprise that any such result should follow a relief to her eyes. "I only knew," she said, "that the origin of my difficulties was not in my spine, for no local applications benefited me, but rather made me worse. The difference in the condition of my nerves, then and now, is just wonderful." I have recently received another letter from this lady, in which she informs me that still, after nine months, the relief continues.

Mrs. A. was first seen by me May 19, 1876. She was thirty-five years of age, and married. During early life she had chorea, which, with varying severity, lasted from the age of fourteen until she was seventeen. For

several years after her recovery from chorea she was a sufferer from headache, and during the last four years from intense neuralgia alternating between the trifacial nerves and the nerves distributed to the back of the neck, shoulder, and lower part of shoulder-blade. She has known little freedom from pain in waking hours for several years, but the paroxysms occur with great intensity about once a month. Her father has been subject to sick headaches for more than thirty years, and her brother, who is a physician, is subject to frequent neuralgic attacks. She has a son aged fourteen, who suffers greatly from sick headaches.

Mrs. A. has compound hypermetropic astigmatism in each eye. She did not procure glasses for the correction of this evil until November last. Then her neuralgic troubles rapidly vanished, and in a few weeks she declared herself cured. She has enjoyed up to this time almost complete immunity from the affection which gave her so much trouble for many years, and speaks in terms of greatest enthusiasm to friends of her unexpected cure.

Dr. M., brother of this lady, has been subject to repeated attacks of supra-orbital neuralgia. He has in right eye hypermetropic astigmatism, while the left eye is normal in its refraction. He commenced the use of a cylinder for the right eye in November last, since which time he has enjoyed a freedom from neuralgia such as he has not enjoyed before in ten years past.

Mrs. C. E. A. visited me in company with her son Ned, who had poor sight and pain after reading, and who had hypermetropia. In course of conversation with the mother I learned the following particulars respecting herself.

Since childhood she had been a victim of neuralgia. In early school-days she had often been forced to leave school and seek her bed on account of severe attacks, and the neuralgic habit had continued with her up to this time.

Attacks, of late, had been most frequently brought on by fatigue or exhaustion from active mental or physical exertion. They had usually commenced with a feeling of great depression and weariness, to which succeeded intense pain, often located at the lower point of the right shoulder-blade, but of late more frequently over the left eye. The pain, sometimes accompanied by nausea, had in these attacks been of great intensity, and had in almost every instance forced her to keep her room and her bed for three or four days together, during which time the admission of light or noise to the apartment was a source of torture.

The paroxysms had occurred about once a month, though not at stated intervals.

Mrs. A. is a lady of much more than ordinary mental and physical activity. Her son Ned, as before stated, is hypermetropic, and she has another son, eighteen years of age, who is subject to sick headaches. Her mother and her grandmother suffered greatly from nervous troubles.

Mrs. A. had never had trouble from her eyes, and her attention was drawn to them as a source of her difficulty during this conversation. I found, after using atropia, hypermetropia $\frac{1}{30}$, and prescribed glasses of 42 inches focus, encouraging her to use them in the hope of obtaining relief from her neuralgia.

Five months after this Mrs. A. called to express her delight at the success of her experiment. She had worn her glasses habitually since I had seen her before, and had not experienced a single attack of neuralgia. Better than all, she had scarcely known the sense of exhaustion and depression which she had formerly experienced at the close of every day. From this, which had been of daily occurrence, she had been entirely free, except that it had occurred about once a month in the place of the former neuralgic attack.

The following case, which is of much interest in this connection, I transcribe from the selections of a late number of *Annales d'Oculistique* (Mars-Avril, 1877).

Ragazzoni, Surgeon-in-chief of the Hospital of Bergamo (Italy), reports the following: *Acute glaucoma.*

with sciatica—Iridectomy—Cure of the two affections.

The case was that of a woman aged forty-four years, who had been amaurotic in the left eye during two years, the result of acute glaucoma. In the right eye she now had all the symptoms of inflammatory glaucoma, in addition to which there occurred about the same time with the glaucoma, an intense sciatica of

the same side. There were well marked alternations of the ciliary pains and of those of the thigh.

No sooner had iridectomy been practised than the sciatica ceased as if by enchantment. The eye healed with the restoration of satisfactory vision.

“The coincidence of the cure of the sciatica and of the glaucoma,” remarks the *Annales d'Oculistique*, “is a singular circumstance, and one inexplicable to the author.”

Upon the theory that I have advanced elsewhere, * that neuralgia even of distant nerves is very frequently dependent upon ciliary irritation, the coincidence so mysterious to the author is readily explainable.

The few cases which I have reported from my own practice are but fair illustrations of a very considerable number which I have observed during the last two years.

From very careful notes of many cases, I believe that I am fully sustained in drawing the following conclusions :

1. That among the centripetal influences which generate neuralgia, the irritability arising from a perplexity or exhaustion of nerves engaged in the function of accommodation of the eye must be regarded as by far the most frequent and important.

2. That where a family tendency to neurotic affections, including neuralgia, is found, we may generally conclude that the inherited tendency is transmitted in the form of the eye.

* *New York Medical Journal*, June, 1877, &c.

And 3. That many inveterate cases of chronic neuralgia, not amenable to other forms of treatment, readily yield to the simple process of relieving the eye from irritation resulting from difficult accommodation.

